

220856

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

COPY
Posted: lod
Dept: S.A
Date: 12/18/09
Time: 11:00

DOCKET
NUMBER: 2009 - 510 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: HARVEY WILLIAMS

Telephone: 843-509-2396

Address: 999 TIMBERLINE WAY
P.O. BOX 21
PINEVILLE, S.C. 29468

Fax: _____

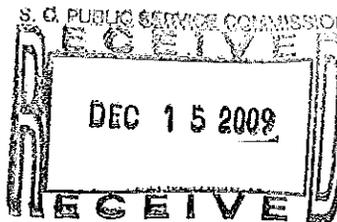
Other: _____

Email: H.WILLIAMS2@KNOLOCY.NET

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- Application - Class A/A Restricted
- Application - Class C Taxi
- Application - Class C Charter
- Application - Class C Charter Bus
- Application - Class C Non-Emergency
- Application - Class C Stretcher Van
- Application - Class E Household Goods
- Application - Class E Hazardous Waste
- Application
- Request for Extension to Comply with Order
- Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- Request for Cancellation of Certificate
- Request for Suspension
- Request for Reinstatement
- Request for Name Change on Certificate
- Request to Amend Scope of Authority
- Request to Amend Tariff (rate increase, etc.)
- Request to Amend Passenger Limit
- Request
- Exhibit
- Late-Filed Exhibit
- Letter
- Proposed Order
- Publisher's Affidavit
- Reservation Letter
- Response
- Return to Petition
- Other: _____



If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 12/9/09

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

HARVEY Williams dba

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

HARVEY Williams LIMO TAX; and Limo. SERVICE

999 Timberline Way Pineville, S.C. 29468
Street Address of Applicant

P.O. Box 21 Pineville, SC 29468
Mailing Address of Applicant if different from street address

843-505-2396
Phone

Fax

H.Williams1@KXology.net
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

Individual Owner/Sole Proprietorship

Partnership - List names and address of all person having an interest in the business.

Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month 12/9/ Year 09

Assets:

Cash	\$ 1,414 ⁰⁰
Receivables	835 ⁰⁰
Real Estate	60,400 ⁰⁰
Buildings and Equipment (Net)	
Motor Vehicles (Net)	3,900 ⁰⁰
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	450 ⁰⁰
Total Assets	\$ 66,999⁰⁰
<u>Liabilities and Equity:</u>	
Accounts Payable	192 ⁰⁰
Notes Payable	513 ⁰⁰
Mortgages Payable	451 ⁰⁰
Equipment Obligations	\$ 400 ⁰⁰
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	1,556⁰⁰
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	\$ 1,556⁰⁰

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

- ① \$45.00 per hr
- ② 2.00 per mile over 25 Miles

Counties to be Served:

CHARLESTON
DORCHESTER
BERKLEY

Maximum Number of Passengers per Vehicle:

⑦

MS T. PETER - HARVEY WILLIAMS

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The following insurance quote is for:

Harvey Williams dba Williams Taxi Limo
Name of Motor Carrier

999 Timberline Way Pineville, SC 29418
Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 2900.00

Limits 75,000 csl

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

- 1-7 Passengers \$ 25,000/50,000/25,000
8-15 Passengers \$ 25,000/100,000/25,000

Southern United
Name of Insurance Company

1245 Celebration Blvd Florence, SC 29501
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

12-11-09
Date

Julie Lester
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE.

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

RECEIVED

SEP 21 2009

SC

Filed with OFFICE OF REGULATORY STAFF (Name of Commission) (hereinafter called Commission)

This is to certify, that the SOUTHERN UNITED FIRE INSURANCE COMPANY (Name of Company)

ONE SOUTHERN WAY, MOBILE AL 36619

ORS
T, T, W, W, W

(hereinafter called Company) of HARVEY WILLIAMS DBA HARVEY WILLIAMS, TAXI AND LIMO SERVICE (Home Office Address of Company)

has issued to (Name of Motor Carrier) of P O BOX 21, PINEVILLE, SC 29468 (Address of Motor Carrier)

a policy or policies of insurance effective from 9/19/09 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 158 N. HARBOR CITY BLVD. MELBOURNE, FL 32935 (Street Address) (City) (State) (Zip Code)

this 21st day of SEPTEMBER 20 09

Insurance Company File No. SA00000381 (Policy Number)

Robert [Signature]
(Authorized Company Representative)

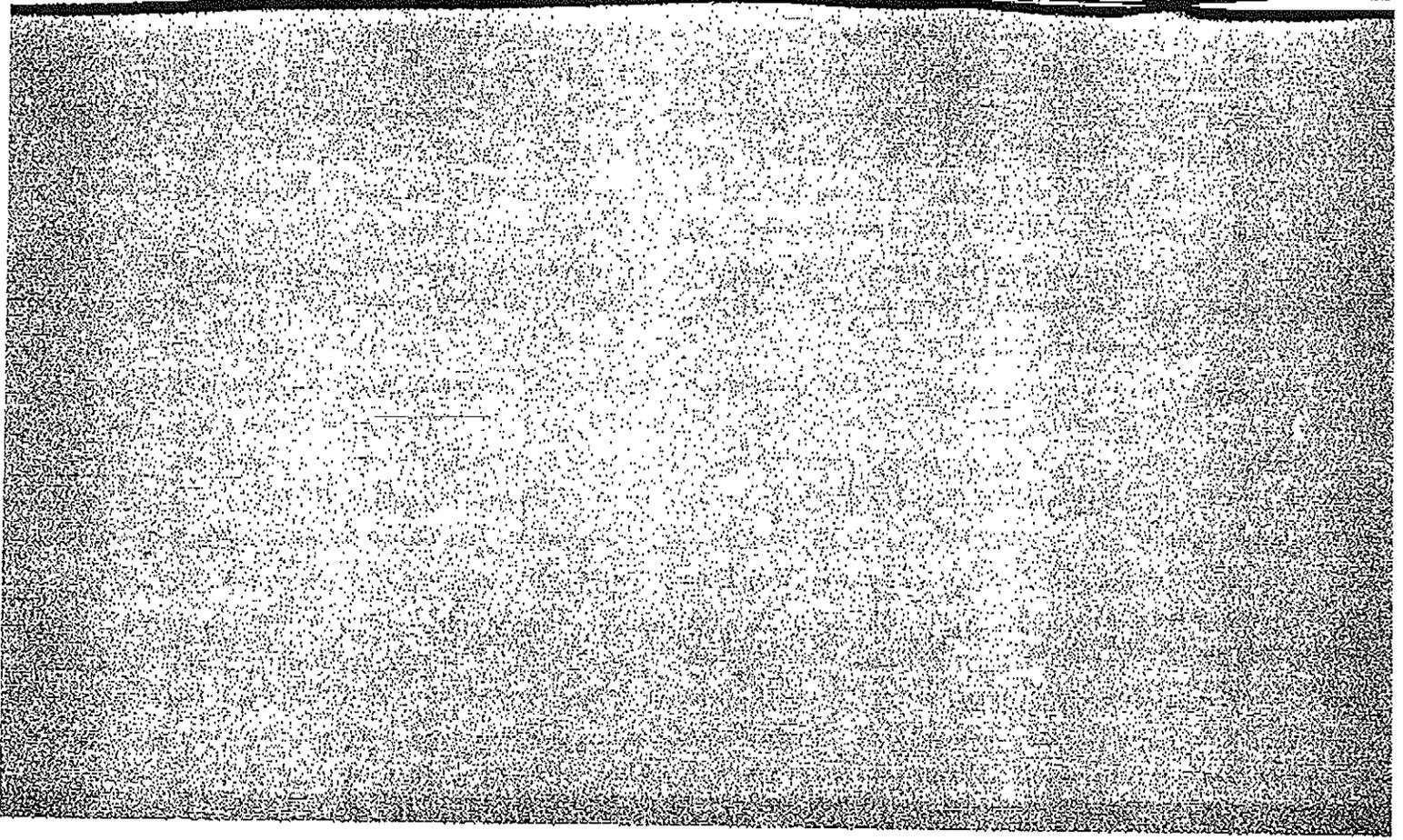


Exhibit FWA

HARVEY WILLIAMS

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

Yes No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

Yes No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

Yes

No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

Yes

No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

Yes

No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

Yes

No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

Yes

No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF BERKELEY)

Harvey L. Williams
Applicant's Signature

I, HARVEY L. WILLIAMS, OWNER
Name of Applicant's Representative Title

of HARVEY L. WILLIAMS OWNER
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Harvey L. Williams
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 14th day of DECEMBER, 2009

[Signature]
Notary Public

Commission Expires December 3, 2018

